October 29, 2004

PUBLIC NOTICE OF FUNDING AVAILABILITY

RFA#: #04-ACT01

Assertive Community Treatment
NOFA

Government of the District of Columbia
Department of Mental Health

Martha B. Knisley, Director

Office of the Director of the Department of Mental Health

Public Notice of Funding Availability

The District of Columbia, Office of the Director of the Department of Mental Health, announces the availability of funding to develop assertive community treatment services in the District of Columbia.

Qualified, community-based organizations are invited to submit applications for the following award:

Development of
Assertive Community Treatment (ACT) Services

The target population for the purposes of this RFA will be adults with serious and persistent mental illness who often also have a co-occurring substance disorder and/or mental retardation or developmental disability (MR/DD), and are being released or diverted from psychiatric hospitalization or other institutions including those in the criminal justice system.

Up to three awards will be made for a period of twelve months with the understanding these funds will be used for organization start-up, to cover the costs for training and technical assistance and for assuring Mental Health Rehabilitation Services funding can be successfully accessed prior to the completion of the grant period. The three teams will serve the following populations:

- Co-occurring mental illness and substance disorder
- Co-occurring mental illness and MR/DD
- A general team to cover the variety of individuals needing ACT services

The Request for Applications (RFA) will be available on October 22, 2004 and may be picked up at the reception desk of the following office between 9:00 am and 4:30 pm:

Office of the Department of Mental Health
64 New York Avenue, N.E.
Fourth Floor
Washington, D.C. 20002

(Union Station Metro Stop)

The deadline for submission of applications is 4:30 p.m. on December 15, 2004.

For additional questions regarding this RFA contact:
Linda Kaufman, Director, Adult Services
Department of Mental Health
(202) 671-3152; (202) 673- 7502 (fax)
linda.kaufman@dc.gov

REQUEST FOR APPLICATIONS (RFA): #04-ACT01

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF MENTAL HEALTH

Development of
Assertive Community Treatment Services

DMH invites the submission of applications for funding for the provision of Assertive Community Treatment Services in order to provide services and supports to adults with serious mental illness, co-occurring substance abuse disorder and being diverted or released from a psychiatric hospital or other institutions.

Announcement Date: October 29, 2004
RFA Release Date: October 22, 2004

Application Submission Deadline: December 15, 2004

LATE APPLICATIONS WILL NOT BE FORWARDED FOR REVIEW

In accordance with the DC Human Rights Act of 1977, as amended, DC Official Code section 2.1401.01 et seq. ("the Act"), the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disability, source of income, or place of residence or business.

NOTICE

PRE-APPLICATION CONFERENCE

WHEN: **November 10, 2004**

WHERE: **Department of Mental Health (DMH)**
64 New York Avenue, N.E.
Fourth Floor
Washington, D.C. 20002

TIME: **10:00 to 11:30 am**

CONTACT PERSON: **Linda Kaufman**
Department of Mental Health
64 New York Avenue, N.E.
Washington, D.C. 20002
(202) 671-3152

SECTION I GENERAL INFORMATION

Introducing an Evidence-Based Practice for Assertive Community Treatment

Introduction

The District of Columbia, Department of Mental Health (DMH) is making funds available to establish new Assertive Community Treatment Teams. Under two other separate mechanisms, DMH will make resources available to current ACT providers to help them improve their fidelity to ACT standards and to increase their effectiveness in serving the target population(s). It is the goal of DMH that within eighteen months, 800 adults with serious mental illness in the District will be receiving effective Assertive Community Treatment.

DMH will use a new approach and a new energy, to assure these new services (and existing services) are effective in serving many of the District's most vulnerable citizens and have fidelity to the Dartmouth Fidelity model, (Teague, G.B., Bond, G.R., & Drake, R.E.,1998), for ACT.

DMH is engaging the support of the new Pathways to Housing Program in the District, academic partners, consumers and other stakeholders to ensure the program's sustained success. DMH will assure the new teams and existing ACT programs have priority for subsidized housing for consumers they serve. This new model provides housing, mental health, substance abuse and health services using Assertive Community Treatment (ACT) as a platform for services, with "housing first" and "supported employment" as the initial and catalytic therapeutic interventions.

Target Population

The DMH funds will be used to serve the mental health, substance abuse, permanent housing and primary health care needs of consumers who have a serious mental illness, are often dually-diagnosed, have a long history of continuous or intermittent institutionalization, are chronically homeless, have a history of interaction with the criminal justice system, and/or have difficulty engaging in traditional services. The funds available will be used for technical assistance and as start up of this initiative, until mainstream Mental Health Rehabilitation Services (MHRS) can be fully accessed by the agency. DMH has established progressive, outreach-focused service definitions that enable the District to make maximum benefit of Medicaid funding. However, there will always be costs not reimbursable by Medicaid and persons whose eligibility for Medicaid is temporarily lost or no longer available. Therefore DMH will make a substantial commitment of local funds to sustain this project, as well as providing 30% of Medicaid funding as its local match.

The target population for the purposes of this RFA will be adults with serious and persistent mental illness who often also have a co-occurring substance disorder and/or mental retardation or developmental disability (MR/DD), and are being released or diverted from psychiatric hospitalization or other institutions including those in the criminal justice system, and will especially target individuals who are chronically homeless.

Up to three awards will be made for a period of twelve months with the understanding these funds will be used for organization start-up, to cover the costs for training and technical assistance and for assuring Mental Health Rehabilitation Services funding can be successfully accessed prior to the completion of the grant period. The three teams will serve the following populations:

- Co-occurring mental illness and substance disorder, providing housing first services
- Co-occurring mental illness and MR/DD
- A general team to cover the variety of individuals needing ACT services

Over the long term, DMH estimates that at a minimum 49% of the cost of the program will be from Federal Financial Participation (FFP) and 51% for a combination of local match for the FFP and local funds to cover costs of activities that may not be covered by Medicaid and for persons who are not Medicaid eligible.

This initiative will further strengthen the DMH commitment to providing community-based, recovery-centered services to the most vulnerable citizens of the District of Columbia. In the past two years, DMH has worked diligently to provide these services through the development of a community-based system of care (MHRS), providing Medicaid and local funding for services such as ACT teams, community support, crisis emergency, medication/somatic, and diagnostic/assessment.

The target population for this RFA are persons who have serious and persistent mental illness and one or more of the following: a pattern of frequent hospital admissions and/or homelessness, history of a long term hospitalization(s), a co-occurring disorder, involvement with the criminal justice system, those with co-occurring mental retardation or developmental disability, those not been successfully engaged in services and/or have not benefited from traditional mental health services.

The desired mission for the awardee is to establish a program that is competent to help individuals reduce and eventually end their downward spiral of social, personal and psychiatric impairments and disability that results in incarceration, homelessness, extreme poverty and reduced life expectancy. The provider will use evidenced based practices and interventions that are recovery oriented, integrated, assertive, continuous and unconditional. Services will have fidelity to nationally established ACT standards, meet the DMH housing first requirements and are provided in vivo by a fully interdisciplinary team.

Eligible Organizations

Organizations and entities eligible for these funds are limited to agencies providing community-based mental health services to adults with serious and persistent mental illness. Eligible agencies should have a documented history of providing effective, assertive outreach, supportive living and housing-first approaches for permanent housing, supported employment and integrated services and supports for persons with co-occurring disorders. Applicants must be interested in expanding their capacity to provide evidence based supported services as described above. Eligible agencies will also have a documented history of successful reduction in hospital diversion, street outreach and engagement. Eligible agencies/entities must be certified by the Department of Mental Health to provide services under the Medicaid Rehabilitation Option or

must be able to document current efforts to quickly obtain such certification. Agencies must submit an application for certification in ACT by March 31, 2005.

Source of Grant Funding

The Department of Mental Health is making available local funding to be used as start-up funding for the development of evidence-based assertive community treatment services. The organization qualifying for these funds will also be given priority for housing subsidies and will be required to become eligible for the use of both local and Medicaid funds for actual service provision.

Award Period

The grant funds will be awarded for the period of twelve months. Up to three additional years of funding for continued technical assistance or program expansion may be awarded, if the terms of the grant are met.

Grant Awards and Amounts

DMH intends to award a total of $500,000 in grant funds specifically targeted to the development of three Assertive Community Treatment (ACT) teams as a platform for services and "housing first" as the initial and catalytic therapeutic intervention.

Contact Person

Inquiries about this available funding or about the project activities and requirements can be made by contacting Linda Kaufman, Director, Adult Services, Department of Mental Health at 64 New York Ave., N.E., Washington D.C., (202) 671-3152 or (202) 673-2971(fax) or Linda.Kaufman@dc.gov (email address).

Pre-Application Conference

Prospective applicants are strongly encouraged to attend the pre-application conference scheduled to be held on November 10, 2004 from 10:00 to 11:30 am at the Department of Mental Health, 64 New York Ave., N.E., Fourth Floor, Washington, D.C. 20002.

SECTION II SUBMISSION OF APPLICATIONS

Application Identification

Each application must contain a title page with the name and address of the agency submitting the proposal. A contact person must be identified by name, title, address, telephone number and fax number

Application Submission Date and Time

Each respondent to this RFA shall submit an original and five copies of the proposal in a sealed envelope marked **"Response to RFA for Development Assertive Community Treatment Services."** The envelope shall be hand delivered or mailed to the Director of the Department of Mental Health, 64 New York Ave., N.E., Fourth Floor, Washington, D.C., 20002.

The proposal must be received at the above address not later than 4:30 p.m. on December 15, 2004.

Proposals may be sent by registered or certified mail or by express mail, at least three days in advance of the closing date with a receipt requested. Proposals may not be faxed or emailed. Proposals received after the deadline hour and date may be accepted only if the Department of Mental Health determines that the late receipt at the location specified was caused by mishandling of the proposal by the District Government after receipt or that the original receipt in case of registered or certified or express mail shows that the proposal was mailed at least three days in advance of the closing date. Regardless of the reason, no proposal shall be accepted later than two (2) business days after the closing date.

SECTION III PROGRAM AND ADMINISTRATIVE REQUIREMENTS

Use of Funds

Specifically, funds will be utilized to support the salaries of the ACT team, train the team, supply the team with transportation, support the opening of an office and space in which to operate, and conduct a program evaluation that will include collecting and analyzing Government Performance and Results Act (GPRA) measures. Each ACT team will be comprised of an interdisciplinary staff, including a psychiatrist, peer counselor(s) and three staff from one of four disciplines: social work, nursing, professional counseling or psychology with either a professional background in mental health, criminal justice, substance abuse or vocational rehabilitation. Each funded program must also employ a housing specialist, who will be responsible for finding, inspecting and leasing of apartment units to which consumers may choose to move. Housing will be provided through a combination of DMH-developed subsidized housing and Housing Choice Vouchers. The teams will provide primary mental health care, physical health care, substance abuse rehabilitation, vocational rehabilitation and other support services to consumers out of the office site as well as in consumers' apartments and neighborhoods. Crisis Care Services (crisis intervention, stabilization and prevention) will be the responsibility of and provided directly from the team. DMH mobile outreach teams can also serve as back-up when team members are responding to another crisis. It is the responsibility of the awardee to establish a relationship with DMH Mobile Crisis in order that these "back-up arrangement operates smoothly.

The ACT teams will meet on a daily basis, in accordance with the recommendations of the Dartmouth Fidelity model (Teague, G.B., Bond, G.R., & Drake, R.E.,1998), to discuss current consumer needs and to coordinate all aspects of consumer support and treatment.

This initiative supports and expands the DMH commitment to providing an array of evidence-based practices: competitive supported employment, illness management, family psycho-education, integrated service/system approaches to co-occurring disorders and ACT. The team will provide the majority of treatment and support services for consumers with the goal of increasing the consumer's personal efficacy, improving her or his ability to meet basic needs, expanding their social skills and social supports, and assisting them to obtain employment, thereby helping consumers transform their self-image from that of dependent psychiatric patients to individual personalities that fit into and contribute to their communities.

Staff training and education requirements and organizational structure:

Initial and ongoing training and consultation from qualified trainers is critical to maintaining the fidelity to the ACT model. DMH will underwrite the cost of this training, retraining and consultation in the first year. All of the selected programs and existing programs will participate in a "learning community" for an indefinite period of time. The "learning community" includes pre-service training, on-going in service training and consultation and events for all ACT Teams in the District aimed at improving the overall effectiveness of the program, building a community of providers who call upon each other for support and guidance. DMH is also interested in supporting the "learning community" to help build a cadre of staff who have a long term commitment to this work. DMH will retain qualified trainer(s) to lead this effort. Training and consultation for staff shall be provided in three ways.

First, five days of intensive training shall be provided for all staff who will engage in treatment and/or clinical supervision of ACT cases. Second, one and one-half day booster sessions shall occur on a quarterly basis. Third, treatment teams and their supervisors shall receive weekly telephone consultation from trained ACT staff.

The objectives of the initial five-day training program shall be:

1. to familiarize participants with the scope, correlates, and consequences of major mental illness and co-morbid conditions;
2. to describe the theoretical and empirical underpinnings of ACT and Housing First;
3. to describe the individual, group, family, peer and employer intervention strategies used in ACT and Housing First;
4. to train participants to conceptualize case situations and interventions in terms of the principles of ACT; and
5. to provide participants with practice in delivering interventions used in ACT and Housing First.

The multi-media approach to training includes didactic and experiential components. The participants are required to practice the ACT approach through critical analysis, problem solving exercises and role-plays. It is expected that participants will have read pre-assigned sections of the ACT treatment manual prior to the initial training.

Quarterly booster sessions are designed to provide training in special topics related to the target populations/problems being treated by the ACT Teams, and to address issues that may arise for individuals and agencies using the approach (e.g., ensuring treatment integrity, individual and agency accountability for outcome, inter-agency collaboration, etc.). The booster sessions are also designed to allow for discussion of particularly difficult situations.

Weekly telephone consultation is provided via one-hour conference calls in which the treatment team and supervisor consult with the ACT Trainers regarding case conceptualization, goals, intervention strategies, and progress. The weekly consultation is designed to assist the team and supervisor in clearly articulating treatment priorities, identifying obstacles to success, and developing strategies aimed at successfully navigating those obstacles. In addition to this weekly consultation, it is expected that the awardee will provide onsite supervision as requirement in the ACT Fidelity Model and will have had additional clinical and other experience with Housing First, benefits acquisition, supported employment, psychoeducation, engagement and relapse prevention prior to receiving ACT training. All ACT Team staff and ACT supervisors shall attend this training.

The successful grantee/s must have a demonstrated commitment to and experience with incorporating training and quality monitoring into its program operations.

Staff Requirements

The DMH requires ACT to follow a team approach meaning team members do not operate as individual practitioners but rather as a team and that *all* members know and work with all clients. Daily and weekly meetings are to be used in part to instill and further this operational

approach.

ACT Team Staffing:

a. *Team Leader*: The team's day-to-day operations will be under the direction of a full time (100% effort) ACT Team Leader in each year, 12 months per year. This is an integral position on the ACT Team, responsible for supervision of all other team members, and the development and day-to-day operations of the multi-disciplinary team. The Team Leader assures the team meets the required fidelity guidelines. The Team Leader is responsible for developing and maintaining a program sufficiently flexible and dynamic to meet the needs of individuals who have psychiatric disabilities and have been unable to access traditional mental health programs.
The Team Leader provides oversight for team's consumer goals of consumer recovery, rehabilitation and community reintegration. The Team Leader will be recruited at the time of approval of this application and will have a strong background in clinical mental health services. The Team Leader must have a minimum of five years successful experience serving persons who fall into this target population with at least two of those years in a supervisory position. . For applicants to deliver the ACT services for persons with mental retardation or other developmental disabilities, the team leader must have two years experience and pre service qualifications to serve this population.

b. *Psychiatrist*: Salary is requested for a 60% effort psychiatrist in Year 01 when he/she will be required to conduct psychiatric evaluations on all new program participants. 40% time is required in years 2 and 3. A 12-month effort is required each year for the psychiatrist. The psychiatrist will perform intake psychiatric evaluations and will be utilized by the ACT team whenever requested to perform clinical services and for consultation regarding individual participants. A Board Certified/Eligible psychiatrist will be recruited at the time of approval of this application. For the ACT Team serving persons with mental retardation or other developmental disabilities, the Board Certified psychiatrist must have experience treating this population.

c. *Team Members*: The team will also include at least three full time Team Members at 100% effort. The Team Members to be hired or assigned will be a social worker or counselor with substance abuse background, a rehabilitation counselor or social worker trained in vocational rehabilitation, and a nurse/nurse practitioner. The team providing MR/DD services will retain a consulting psychologist with the requisite skills to consult with an ACT team serving this population. For the MR/DD team, at least two team members must be proficient in behavior support.

   Each worker should have had experience providing services for this target population with an understanding and commitment to the principles and fidelity requirements of this program and a full understanding of the need for a flexible schedule and requirements to deliver crisis services in community settings.

d. *Peer Counselor (Recovery Specialists)*: At least one peer counselor will be hired as members of the ACT Team. The DMH strongly recommends two peer counselors be hired for each team. As peers, they are the staff members who most profoundly

understand the experience of consumers and who embrace a recovery based practice model. Peer counselors' job descriptions are the same as team members, except for their work experience and educational qualifications.

To the extent possible the ACT supervisor and clinician shall reflect the racial, cultural and ethnic diversity of the target population. Agencies must demonstrate capacity to provide services and supports that are culturally competent. See Attachment for guidelines from the Department of Mental Health.

The successful grantee must have demonstrated experience in employing clinical supervisory and direct care staff who work in community based settings.

Performance Standards and Quality Assurance

Successful applicants must agree to the following performance standards:

Personnel: to be hired according to staffing plan above;

Caseload Size: the ACT team will serve 70-100 individuals, depending on the size of the team; The overall ratio of staff members to consumers shall be 10:1.

Daily meetings: The ACT Team staff will have daily "check-in" meetings. These meetings are used to review work accomplished on the previous day, including overnight and on-call, and discuss strategies for the day. These meetings are essential for team members to become familiar with the needs of all the persons served by the team.

Service Review: The ACT team will also have a 2 hour "Service Review" meeting each week, attended by the Team supervisor. At these meetings the team discusses any current medical issues, employment or housing questions. Program participant plan and case reviews are discussed, with similar issues brought up as in the check-in meetings, but staff has more time at these weekly meetings to reflect and discuss ongoing concerns.

Consumer Involvement: Staffing includes peer counselors who will be recruited based on their prior life experience with homelessness, substance use, history of institutionalization and psychiatric illness. Peer counselors will receive training for their positions by staff and will achieve certification as Peer Counselors by the DMH Peer Specialist Certification Program by the end of the grant period. Peer counselors are of central importance to the team. Consumer staff presents unique challenges, but will receive training in areas such as establishing and maintaining appropriate boundaries with consumers.

Responsibility for Services: The team has full responsibility for treatment and crisis intervention. It is important to sustain a full compliment of staff to share on-call responsibilities and be available for evening and weekend services as necessary, twenty-four hours a day, seven days a week. Services are often intense, are provided in vivo, in frequent sometimes daily intervals and service responsibility extends to assuring the team provides is competent in assertive engagement, supported employment, relapse prevention, psycho-education and

organizing community integrated social and personal support.

Evaluation

The evaluation will have two major components: 1) tracking the overall implementation of the project and 2) understanding the extent to which the program as designed was implemented with fidelity, both with respect to the housing provided and the ACT services.

The first component will involve qualitatively documenting the overall context, the housing and service systems, and the initiative itself. The evaluation team will interview key staff every 6 months on the status of the project, problems that have been confronted and solutions attempted, and changes in practice. To facilitate the interviews, the team will develop logs that the program staff can complete on an ongoing basis to systematically track key project activities, system developments and collaboration activities, and developments in the overall context. For example, contextual features that can affect implementation include changes in the local economic climate, the robustness of the housing market, and landlords' willingness to rent to project clients. In addition, assessing specific aspects of the initiative, such as how the team is working together and with the outreach agencies, the housing providers, and other service providers will be important to assessing progress toward goals and identify areas to improve (e.g., improving inter-organizational communication; streamlining different service protocols; providing cross-training; etc.). The evaluation team, having extensively evaluated partnerships and collaborations in other projects, will be well-positioned to offer guidance to the team based on data results.

The second component will focus on the fidelity of the ACT model. The team has the advantage of having successfully used two fidelity tools that will be modified for this initiative – a supported housing fidelity assessment tool developed under the SAMHSA Housing Initiative that assesses housing approaches along 11 key housing dimensions (see Attachment), and the ACT fidelity instrument based on the toolkit work of Drake et al (see Attachment). For this initiative, the assessment will take place both at the program and individual level. At the program level, fidelity questions will be part of evaluation team's 6 month interviews with staff and observations of the teams will also be made at that time. For each individual, a fidelity assessment will occur approximately 6 months after an individual enters housing and will be conducted by staff. The individual fidelity assessments will provide an understanding of the services and housing that each individual has received and may help to explain differences in client outcomes. Taken together, the program and individual fidelity assessments will provide a rich picture of the replication of the model and its progress over time. In particular, data on one of the supported housing fidelity dimensions – community-service availability – will allow the team to assess the extent to which the project is successful in engaging mainstream services into the care of the individuals.

3. Plans to evaluate outcomes of program

The client data base will collect many of the required items as well as data on the current situation of the client such as income, living situation, employment status, medical history, psychiatric history, physical and other disabilities, and more.

These principles will be measured and monitored by the Assertive Community Treatment with housing Fidelity Scale (see Attachment).

Reports

Quarterly reports on project activities will be required of the agency according to a format specified by the Department of Mental Health. Agencies will be requested to collect and make available, on a regularly scheduled basis, outcome data on customers who are competitively employed.

Records

All records must be protected according to applicable rules and regulations governing confidentiality of client information.

The agency must retain a copy of all financial records, books, documents and other evidence pertaining to costs and expenses to the extent and in such detail as will properly reflect all costs, direct and indirect; labor; materials; equipment; supplies and other items for a period of three years beyond the termination of the grant agreement and any extensions. However, in the case of an audit or investigation, records shall be retained until the review has been completed.

Monitoring and Evaluation

The Department of Mental Health, Office of Program and Policy, will monitor project activities on a continuing basis by reviewing data, meeting with agency staff and providing training and technical assistance. Additionally, there will be an annual evaluation.

SECTION IV GENERAL PROVISIONS

Audits

The Department of Mental Health retains the right to conduct audits, as determined to be necessary.

Nondiscrimination in the Delivery of Services

In its provision of services/supports, the agency must not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disability, source of income or place of residence or business. Furthermore, the agency must demonstrate cultural competence.

SECTION V PROGRAM SCOPE

Program Objective

The Department of Mental Health (DMH) wishes to develop sufficient number of ACT teams in the District of Columbia to assure that all persons who become known to the mental health

system who at the time of admission or any concurrent review can be served by an ACT Team. By expanding ACT services for adults with serious and persistent mental illness, the Department intends to support recovery from mental illness; provide individualized services and supports in the most integrated setting possible; foster client choice and independence; and develop effective models for the integration of mental health treatment and appropriate, permanent housing. The DMH will also establish a priority or supportive housing for persons served by ACT. DMH expects to follow the "housing first" model for this program. This means that persons served by ACT will be given the opportunity to live in non aggregate housing of their choice rather than being required to be stepped down through various levels of group living.

In order to assure that DMH has developed sufficient enough ACT teams that can serve specific high-risk categories, DMH encourages potential applicants to consider developing special "niche" teams such as teams that specialize in serving persons being diverted from or being released from jail or prison, persons being diverted from or having long histories in Saint Elizabeths, revolving in or out of impatient settings or persons with co-morbid conditions. Or who are chronically homeless.

DMH has already begun developing Housing First-ACT Teams operated by Pathways-DC. However, DMH also wants to assure that each team has the knowledge and skills to serve persons with each of the histories described above.

In FY 2005, DMH plans to fund an additional three ACT teams. DMH will entertain proposals from qualified providers for the development of one, two or three teams. For example, DMH may award one team to one provider, two teams to another, three to one provider or one to each of three providers. However, DMH is interested most interested in awarding teams to a provider that can develop more than one team for reasons of economy of scale and assuring that ACT becomes a core business function for at least one provider.

Applicant Responsibilities

The ACT Team will receive referrals from the Access Helpline and who will make referrals based on LOCUS scores and individual circumstances. The Access Helpline will track availability and work closely with a variety of agencies, including but not limited to Core Services Agencies, Saint Elizabeths and other inpatient providers, CPEP, CSOSA, homeless providers and consumers to assure the community has a continuous, clear understanding of how to make referrals to the program. All referrals shall be accepted by the successful grantee. No consumer can be refused because s/he is too difficult to work with. A grantee may request that referrals be held when capacity is reached until capacity is restored.

It is possible that following a referral and further assessment by the Team, that a person will be determined to have a primary diagnosis of "substance abuse only" (SA-only). The team should continue serving the person until a referral can be made to the Addictions Prevention and Recovery Administration (APRA) for services. APRA is a close partner of DMH and participating actively in this project. DMH will work closely with APRA to assure the ACT Team will have at its disposal a number of options to which it can refer persons determined to be SA-only.

Once a referral is made, the team will begin services immediately while completing the

standard DMH intake forms to assess and evaluate a new consumer. As the consumer is able to provide the information, the intake process begins with an initial screening covering demographic information, housing and homeless status/history, family history, exposure to abuse, education and employment history, criminal justice involvement, substance abuse history, health status, and emergency contacts. At intake, each consumer will meet with a certified mental health professional who will perform a mental health evaluation which includes a psychiatric history, DSM IV diagnosis, a mental status assessment and a recommended plan for treatment. Although this traditional process will be used with consumers who are able to comply, the ACT Team will also be free to employ a variety of methods of gathering information and performing an assessment, especially in those cases where a consumer resists being labeled as mentally ill. Only *minimal* data will be required to enroll a consumer in the mental health system and bill for services to that consumer. The consumer's housing need and preferences will also be part of the initial evaluation, assuring the consumer that he or she is being offered immediate access to housing. A licensed mental health professional, working in concert with the team, will develop an Individual Recovery Plan, which will evolve as more information becomes available.

SECTION VI REVIEW AND SCORING OF APPLICATIONS

Application Format and Scoring Criteria

Proposals will be evaluated according to the following criteria:

- Articulation of the agency's understanding of and commitment to the principles and practices of the evidence-based supported ACT and Housing First models. (up to 18 points)
- Experience with, success and commitment to serving people who have a pattern of frequent hospital admissions or emergency services/ room use, do not adhere to treatment as offered, have not benefited from more traditional mental health services and/or disengage from services frequently. Specific information on population to be served by ACT team (up to 20 points)
- Experience, success and commitment to serving people prior to discharge or release and directly from the hospital, jail, streets, shelters, emergency services into housing with a successful record of helping people stay in their own place and in the community (up to 17 points)
- Administrative and Fiscal Capacity, including proposed budget and staffing for ACT team (up to 15 points)
- Evidence of experience providing specialized assessments and evaluation of services (up to 10)
- Plans for involvement of consumers in the development and implementation of the program (up to 10 points).
- Evidence of the agency's cultural competence in providing Assertive Community Treatment Services (up to 10 points)

A proposal may receive up to 100 points.

The above narrative **must not** exceed 20 double-spaced pages. Attachments are to be limited to the agency's mission statement; resumes of key staff; examples of marketing (brochure, etc.) and copies of the agency's overall budget and organization chart. Attachments are not included in the page limit.

Proposals not in compliance with the above limitations will not be scored.

Review Panel

When the proposals are received, a panel appointed by the Director of the Department of Mental Health will review the proposals and will individually rank the respondents based upon the information submitted using the evaluation criteria included in this RFA. The panel may then interview the highest scoring respondents for additional information and to determine how each respondent handles questions relevant to the performance of the project activities required by the award. The panel may choose not to interview the highest scoring respondents or make take other appropriate action including recommending that all responses to the RFA be rejected. For the ACT Team for MRDDA consumers, staff from DHS – MRDDA will assist DMH in evaluating the RFA.

Decision on Awards

The above selection process will result in a recommendation to the Director of the Department of Mental Health for award or a recommendation that no awards be made. When the Director makes an award, the Department and the selected agency will enter into a written Agreement. The Agreement will provide for the disbursement of funds in accordance with a schedule. The Agreement will be subject to D.C. laws and regulations.

The Agreement shall include, but not be limited to, a statement of the purpose of the award, the amount of the award, the term of the project, reference to applicable statutes and rules and a requirement that the recipient shall comply with the, a scope of work, outcome criteria, reporting requirements, a payment schedule and the name, address and telephone number of the project manager at DMH and the agent for the recipient.

SECTION VIII LIST OF ATTACHMENTS

Attachment A: Guidelines for cultural competence
Attachment B: Supported housing fidelity assessment tool developed under the SAMHSA Housing Initiative
Attachment C: Housing-First ACT Team Fidelity Scale